

# Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

New ☐ Class certificate needed \_\_\_\_\_ Application Fee: \$16.00/2-year license  
Renewal ☐ Certificate file date \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Provisional License issued \_\_\_\_\_

To the Town Board of the Town of Oshkosh, Wisconsin:

I hereby apply for a License to serve, from date hereof to **June 30, 20**\_\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. By signing the application;

- I certify that I am a citizen of the United States and a resident of the State of Wisconsin.
- I certify that I am \_\_\_\_\_ years of age; date of birth: \_\_\_\_\_
- I do hereby consent for the Winnebago County Sheriff's Department to release any information regarding my record to the Town of Oshkosh.

Answer the following questions completely (please print clearly):

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Have you been convicted of any felony or of violating any law of the State of Wisconsin or in the United States?  
\_\_\_\_\_  
Date of such conviction: \_\_\_\_\_  
Name of Court: \_\_\_\_\_ Nature of offense: \_\_\_\_\_
4. Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?  
\_\_\_\_\_
5. Place(s) of employment (tavern or retail store): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

STATE OF WISCONSIN  
Winnebago County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this \_\_\_\_\_

Date Paid: \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_

Date before the Town Board: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

License Number: \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, WI